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APPLICANTS

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** CONTINUING DATA *****

This application is a DIV of 09/935,479 08/23/2001 PAT 6,673,116
 which is a CIP of 09/694,100 10/20/2000 PAT 6,663,669
 which claims benefit of 60/160,892 10/22/1999 *OK CEN*

** FOREIGN APPLICATIONS *****

none CEN

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 13	TOTAL CLAIMS 1	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged <i>Andrew H. ...</i> Examiner's Signature Initials			

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TITLE
 Intramedullary guidance systems and methods for installing ankle replacement prostheses

FILING FEE	FEEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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